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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*RAD*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*RAD none*

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\*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>			

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## TITLE

Pharmaceutical composition for the treatment of itch

FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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